



New Criteria for Access to Medi-Cal Specialty Mental Health Services for Beneficiaries Under Age 21

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What are Medi-Cal Specialty Mental Health Services (SMHS)?

Medi-Cal Specialty Mental Health Services (SMHS) are Medi-Cal covered mental health services that are “carved-out” of the broader Medi-Cal program and the services that are provided by Medi-Cal Managed Care Plans (MCPs). SMHS are provided to Medi-Cal recipients through county mental health The MHPs are required to provide or arrange for the provision of SMHS to recipients in their counties when the recipient meets medical necessity criteria.

SMHS include:

- Rehabilitative mental health services
 - ❖ Mental health services
 - ❖ Medication support services
 - ❖ Day treatment intensive
 - ❖ Day rehabilitation
 - ❖ Crisis intervention
 - ❖ Crisis stabilization
 - ❖ Adult residential treatment services
 - ❖ Crisis residential treatment services, and
 - ❖ Psychiatric health facility services
- Psychiatric inpatient hospital services;
- Targeted case management; psychiatric services;
- Psychologist services;
- Psychiatrist nursing facility services;
- Addit'l services for beneficiaries under age 21:
 - ❖ Intensive care coordination (ICC),
 - ❖ Intensive home-based services (IHBS),
 - ❖ Therapeutic foster care (TFC), and
 - ❖ Therapeutic behavioral services (TBS).

Who can access SMHS?

SMHS are available to all children and youth on Medi-Cal under age 21 if the SMHS are medically necessary. For recipients under 21 years of age, Medi-Cal’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides that SMHS must be provided if needed to correct or ameliorate a mental health condition discovered by a screening service. The SMHS do not need to *fix* the mental health condition or suspected condition. Mental health services that support, improve, or make more tolerable a mental health condition that are considered necessary to ameliorate the mental health condition are covered as EPSDT services.

What are the criteria to access Specialty Mental Health Services for recipients under age 21?¹

A specific mental health diagnosis is no longer necessary to qualify for SMHS. Covered specialty mental health services shall be provided to a recipient who meets either of the following Criteria 1 OR Criteria 2 below:

Criteria 1: The recipient has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

Criteria 2: The recipient meets both of the following requirements in (a) and (b), below:

(a) The beneficiary has at least one of the following:

- i. A significant impairment
- ii. A reasonable probability of significant deterioration in an important area of life functioning
- iii. A reasonable probability of not progressing developmentally as appropriate.
- iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

and

(b) The recipient’s condition as described in subparagraph (2) above is due to one of the following:

- i. A diagnosed mental health disorder, according to the criteria of the current editions

¹ These criteria apply to all SMHS other than psychiatric inpatient hospital and psychiatric health facility services.

of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.

- ii. A suspected mental health disorder that has not yet been diagnosed.
- iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

Note: If a recipient under age 21 meets the criteria as described in (1) above, the recipient meets criteria to access SMHS; it is not necessary to establish that the recipient also meets the criteria in (2) above.

What is an example of a "trauma screening tool"?

The Pediatric ACEs and Related Life-Events Screener (PEARLS) tool is one example of a standard way of measuring trauma for children and adolescents through age 19. The ACEs Questionnaire is one example of a standard way of measuring trauma for adults beginning at age 18. It is possible that the state will approve other screening tools in the future; more guidance on this is expected.

When did the new SMHS access criteria take effect?

January 1, 2022

Who provides SMHS?

County mental health plans (MHPs) are responsible for providing SMHS. The MHPs contract with a network of mental health providers who provide medically necessary mental health services.

How do Medi-Cal recipients access SMHS?

If a Medi-Cal eligible child or youth needs SMHS, the youth, family or caregiver can call the county MHP in which the family lives and ask for an appointment for an initial assessment. To find a list of toll-free phone numbers for the county MHP see the [contact information by county and list of Access Lines for each county](#).

A person may also be referred to the county MHP for SMHS by another person or organization, including a health care provider, school, a family member, guardian, or the recipient's Medi-Cal

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managed care health plan, or other county agencies. Usually the primary care doctor or the Medi-Cal managed care health plan will need the permission of the parent or caregiver of a child to make the referral directly to the MHP, unless there is an emergency. The county MHP may not deny a request to do an initial assessment to determine whether the child or youth meets the criteria for receiving services from the county MHP.

What can a recipient do if he or she has been denied SMHS?

If an MHP denies SMHS to a Medi-Cal recipient, the plan must provide a written notice of the denial (called an “*adverse benefits determination*”) to the recipient informing him or her of the reason for the denial and the right to appeal if the recipient does not agree. A recipient has a right to request a state hearing when any SMHS are denied, terminated or reduced or the request is not acted upon in a timely way.

To learn more about the right to file a grievance and appeal for notice and appeal, check out the [Health Consumer Alliance](#), and an advocates fact sheet on [Internal and External Review in Medi-Cal Managed Care Plans](#) well as the consumer brochure called: [What If Medi-Cal Says “No”?](#)

Can a Medi-Cal recipient receive SMHS, and also receive other mental health services from their Medi-Cal Managed Care Plan?

Yes. A Medi-Cal recipient can receive medically necessary services from county mental health plans and Medi-Cal managed care plans simultaneously.

Where can you find more information?

There is more information about SMHS on the state [DHCS website](#). For the specific state guidance covering this change, see [Behavioral Health Information Notice 12-073: Criteria for beneficiary access to Specialty Mental Health Services \(SMHS\), medical necessity and other coverage requirements](#).

For a more in-depth discussion of mental health services in California for children and youth under age 21, please see [Meeting the Moment: Understanding EPSDT and Improving Implementation in California to Address Growing Mental Health Needs](#). In addition, read this fact sheet/question and answer on: [Accessing Behavioral Health Services During COVID-19](#).